

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

City of San Jose

Division, Department, or Region (if applicable)

City Manager's Office

Street Address

200 E. Santa Clara Street

Area Code/Phone Number

(408) 535-8100

Email

webmaster.manager@sanjoseca.gov

Agency Contact (name and title)

Norberto Duenas, City Manager

RECEIVED Date Stamp San Jose City Clerk

2016 NOV 10 PM 3:53

SP OTC

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Golden State Warriors

Name

1011 Broadway

Oakland

CA

94607

Address

City

State

Zip Code

Warriors are committed to taking an active interest in the well being of our community and to be great corporate citizens

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Location of Travel

Dates (month, day, year)

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Name of Lodging Facility

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

3.1 (b) Payment(s) not related to travel:

10/6/16

Dates (month, day, year)

\$ 3,850.00

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Community Mix and Mingle prior to the game that will feature the Warriors Math Hoops program.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

See attached Form 802

Last Name

First Name

Position/Title

Department/Division

Last Name

First Name

Position/Title

Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature

NORBERTO L. DUENAS CITY MANAGER

Print Name

Title

11/10/16 (month, day, year)

Comment:

(Use this space or an attachment for any additional information)

**Agency Report of:
Ceremonial Role Events and Ticket/Pass Distributions**

A Public Document

1. Agency Name City of San Jose		Date Stamp	California Form 802 For Official Use Only
Division, Department, or Region <i>(if applicable)</i> City Manager's Office			
Designated Agency Contact <i>(Name, Title)</i> Norberto Duenas, City Manager			
Area Code/Phone Number (408) 535-8100	E-mail webmaster.manager@sanjoseca.gov	<input type="checkbox"/> Amendment <i>(Must Provide Explanation in Part 3.)</i> Date of Original Filing: _____ (month, day, year)	

2. Function or Event Information

Does the agency have a ticket policy? Yes No Face Value of Each Ticket/Pass \$ 175.00

Event Description: Warriors Community Mix & Mingle Date(s) 10 / 6 / 16 _____/_____/_____

Provide Title/ Explanation

Ticket(s)/Pass(es) provided by agency? Yes No If no: _____
Name of Source

Was ticket distribution made at the behest of agency official? Yes No If yes: _____
Official's Name (Last, First)

3. Recipients

• Use Section A to identify the agency's department or unit. • Use Section B to identify an individual. • Use Section C to identify an outside organization.

A. Name of Agency, Department or Unit	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy
B. Name of Individual <i>(Last, First)</i>	Number of Ticket(s)/ Passes	Identify one of the following:
See attached list	22	Ceremonial Role <input type="checkbox"/> Other <input checked="" type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i> Community Mix and Mingle featuring the Math Hoops Program
		Ceremonial Role <input type="checkbox"/> Other <input type="checkbox"/> Income <input type="checkbox"/> <i>If checking "Ceremonial Role" or "Other" describe below:</i>
C. Name of Outside Organization <i>(include address and description)</i>	Number of Ticket(s)/ Passes	Describe the public purpose made pursuant to the agency's policy

4. Verification

I have read and understand FPPC Regulations 18944.1 and 18942. I have verified that the distribution set forth above, is in accordance with the requirements.

NORBERTO DUENAS
CITY Manager
11/10/16
Signature of Agency Head or Designee
Print Name
Title
(month, day, year)

Comment: _____

Warriors Community Mixer/Game
October 6, 2016

Last Name	First Name	Qty of Tickets
Liccardo	Sam	1
Peralez	Raul	2
Sykes	Dave	2
Trujillo	Ted	1
Russo	Khanh	2
Howard	Barb	2
Holguin	Ingrid	2
Gonzalez	Dora	1
Healy	Time	1
Shih	Stacey	1
Bhudsabourg	Roseryn	1
Rodriguez	Johanna	1
Moua	Louansee	1
Marcoida	Christine	2
Seagraves	Chelsey	1
Garcia	Diane	1